(Submit in triplicate copies when written permission to study outside of school session and on office hours in sought but not later than two months before start of actual classes.)

School

Date

**The Schools Division Superintendent**

Department of Education

Schools Division Office – Pasay City

P. Zamora St., Pasay City

Through Channels

Madam:

In conformity with the regulations contained in General Circular No.17s. 1990, as amended by General Circular No.17, s. 1961(For Division Supervisors on vacation/sick leave only), I wish to request permission to study in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_located at \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The course I am to complete is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title or Degree)

Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant**

**(Signature over Printed Name)**

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­­­­­­­­­

**1st Indorsement**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School

Pasay City, Metro Manila

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Respectfully forwarded to the Schools Division Superintendent, Pasay City, the permit to study of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ whose efficiency rating as of SY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, recommending approval.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Principal**

**2nd Indorsement**

SCHOOLS DIVISION OFFICE

Pasay City, Metro Manila

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Respectfully returned to Mr./Mrs./Miss/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, through the School Principal, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Pasay City, approved as recommended.

**EVANGELINE P. LADINES, CESO V**

Schools Division Superintendent

For the SDS:

**DR. MELODY P. CRUZ**

**OIC-Asst. Schools Division Superintendent**

**Note:** For some regulations contained in General Circular No. 72, 1960, see back hereof. For Saturday classes refer to General Circular No.1, s.1963.

**OBSERVE THE FOLLLOWING RULES:**

1. Efficiency ratings in both Group A and B should be at least “ABOVE AVERAGE” a condition precedent to granting permission to study.
2. Once permission to study is given for a course, no further permission should be sought until completion of the course title and / or degree pursued.
3. The course and subjects to be studied should be certified by the head or registrar of the school, and the certification must accompany this application.
4. The Division Office must be advised in case of further changes in the course and / or subjects previously reported. This change must be certified by the heads or registrar of the school.
5. After each semester, or school term, a report on the rating obtained, and the units earned on the subject studied, should be reported.
6. The study load should be as follows:
7. 9 units to a semester
8. 6 units to a quarter
9. 6 units a semester if Saturday classes
10. 9 units during vacation period, if not official duty
11. 6 units if on duty during vacation
12. Full load if an authorized study leave
13. 1 to 3 units more than 9 units for candidates for graduation provided these are the last 3 units needed to graduate. A certification to this effect issued by the head or registrar should accompany the request to take more than 9 units.
14. 6 units for graduation work
15. Study load on Saturday classes, refer to General Circular No. 1, s. 1963
16. Private study to start not later than 30m minutes after session.
17. For Division Supervisors on the vacation/ sick leave basis, refer to General Circular No, 7, s. 1961
18. Violation of the above study regulations is sufficient cause for revocation of permission to study or for Administrative action

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





Certified Correct:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_